TO

FORWARDING AND ADDRESS CORRECTION REQUESTED

VILLAGE OF COVINGTON INDIVIDUAL TAX RETURN

FILING DATE

Your Income Tax Return (R) and 1st quarter estimate must be filed and paid by April 15.

ASSISTANCE:

For assistance in preparing your return call (937) 473-5173 or visit the Income Tax Office
1 S. High St.

Covington, OH

Office Hours are: Tuesday 9:00 a.m. to 1:00 p.m.

2:00 p.m. to 4:00 p.m.

Thursday 9:00 a.m. to 1:00 p.m.

Saturday 9:00 a.m. to 11:30 a.m.

When filing or paying in person, please bring entire package

MAILING

Mail your return and remittance with earning statements (Form 1099 or W2 or appropriate schedules) to Department of Taxation, P.O. Box 156, Covington, OH 45318

INCOME TAX INFORMATION

GENERAL INFORMATION

Please contact 473-5173 for further information:

MANDATORY FILING-UNDER AGE 18-

All residents 18 years of age or older. Any person who has a business, profession or rental income(or loss) must file. If Covington tax was withheld, attach W-2's, copy of birth certificate or driver's license, pay stub or employer statement showing year to date gross wages as of 18th birthday, and submit for refund. If under 18 and no Covington tax was withheld, complete section A and submit.

PART YEAR RESIDENT-

All income earned in Covington is fully taxable and reportable. All other income earned while a resident is reportable. Proration of income results in proration of other city credits. Include copy of pay stub or employer statement showing wages as of date of move. Calculations must be supported by documentation.

CITIZENS OVER 65, RETIRED OR

PERMANENTLY DISABLED-Must fill out card stating they do not have any taxable income. Card may be obtained at the tax office.

EXTENSIONS-A copy of the Federal Extension must be received by April 15th.

OPERATING LOSSES-Partnerships are reportable on this return only when the partnership is located outside of Covington, and is not

reportable to another municipality that has a tax. An individual who operates two or more sole proprieterships, rentals, or farms may offset them against each other to arrive at a total reportable net profit or loss. Losses cannot be

used against W-2 income and can only be carried forward for 3 years.

First quarter estimated tax due is included on your Covington Income Tax Return. Vouchers for 2nd, 3rd, and 4th **ESTIMATES-**

> quarter remittances will be mailed to you each quarter. Due on April 15, June 15, September 15 and January 15. The first page of taxpayer's 1040, 1040A or 1040EZ, Federal Schedules, W-2's & 1099's must accompany

DOCUMENTS-

AMENDED RETURNS-An amended return is needed for any year in which an Amended Federal Return is filed or in which your Federal tax

liability has changed. An amended return must be filed within ninety days of the filing of any amended Federal return.

Payment in full is required. You may pay by cash (in person), check, or money order. PAYMENT METHOD-

Business entities that are required to file as such must use a Business Income Tax Return, obtainable from the **BUSINESS ENTITIES-**

Income Tax Department. Business entities include (but are not limited to) corporations, S-corporations,

partnerships, limited liability companies, limited liability partnership, etc.

TAXABLE INCOME

SUPPORTING

- 1. Wages, salaries and other compensation.
- 2. Bonuses, stipends and tip income.
- 3. Commissions, fees and other earned income.
- 4. Sick pay (including third party sick pay.)
- 5. Employer supplemental unemployment benefits (SUB pay).
- 6. Strike pay.
- 7. Vacation pay.
- 8. Employee contributions to retirement plans & tax deferred annuity plans (including Sec. 401k, 403b, 457b, etc.)
- 9. Pre-retirement distributions from retirement plans.
- 10. Profit sharing.
- 11. Gambling & Lottery Winnings.
- 12. Contributions made on behalf of employees to tax deferred annuity programs.
- 13. Uniform, automobile, moving & travel allowances.
- 14. Reimbursements in excess of deductible expenses.
- 15. Employee contributions to costs of fringe benefits.
- 16. Employer provided educational assistance, taxable to the same extent as for federal taxation.

- 17. Stock options (taxed when exercised, valued at market price less option price on the date the option is exercised.)
- 18. Employer paid premiums for group term life insurance over \$50,000.00.
- 19. Compensation paid in goods or services or property usage. Taxed at fair market value.
- 20. Income from wage continuation plans (including retirement incentive plans & severance pay.)
- 21. Income from guaranteed annual wage contracts.
- 22. Prizes & gifts if connected with employment.
- 23. Director fees.
- 24. Income from jury duty.
- 25. Executor fees.
- 26. Union steward fees.
- 27. Income from partnerships, estates, or trusts.
- 28. Net profits of businesses, professions, sole proprietorships, etc.
- 29. Net rental & farm rental income.
- 30. Farm net income.
- 31. Ordinary gains as reported on federal form 4797.

NON-TAXABLE INCOME

- 1. Interest or divided income.
- 2. Welfare benefits. 3. Social Security
- 4. Income from qualified pension plans.
- 5. State unemployment benefits.
- 6. Worker's compensation
- 7. Proceeds of life insurance.
- 8. Alimony.
- 9. Active duty military pay (including National Guard when on active
- 10. Earnings of persons under 18 years of age.

- 11. Capital gains.
- 12. Prizes or gifts not connected with employment.
- 13. Patent and copyright income.
- 14. Royalties derived from intangible property.
- 15. Annuity distributions.
- 16. Housing allowances for clergy to the extent that the allowance is used to provide a home.
- 17. Health and welfare benefits distributed by governmental, charitable, religious or educational organizations.
- 18. Compensatory insurance proceeds derived from property damage or personal injury settlements.

Above lists are not all-inclusive. For items not listed contact the Income Tax Dept. for clarification. Phone (937) 473-5173

FOR ASSISTANCE CALL (937) 473-5173

TAX YEAR _____

COVINGTON INCOME TAX RETURN

1 S. HIGH ST., P.O. Box 156, COVINGTON, OH 45318 DUE ON OR BEFORE APRIL 15

FORM-R

		- 1, 011 10010 20				
(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)		TAXPAYER SSN				
		SPOUSE SSN	SPOUSE SSN			
		1	NG THE YEAR YOU MUST CO			
		FINESENT ADDRESS:				
		OLD ADDRESS:				
I AM NOT REQUIRED TO COMPLETE SECTION B OF		TAVABLE COURCE LIST	COLIDOR			
A	ONLY INCOME IS FROM NON MOVED FROM COVINGTON P					
	_ TAXPAYER DECEASED, LIST					
COVINGTON TAX WITHHELD.	_ RETIRED PRIOR TO 1-1, LIST	DATE				
EMPLOYERS NAME	PHYSICAL V	VORK LOCATION (CITY)	AMOUNT OF COVINGTON INCOME TAX WITHHELD	CITY TAX WITHHELD IN OTHER CITIES CANNOT EXCEED 1.5%	GROSS WAGES	
В						
1. TOTALS (ATTACH ALL W-2'S AND 1099'S	3)	1.				
2. INCOME OTHER THAN WAGES FROM N	,	DOE		2.		
3. TOTAL INCOME (ADD BOX 1 AND 2)	WORKSHEETS ON REVE	IKSE		3.		
4. TAX - BOX 3 MULTIPLIED BY 1.5%				4.		
5A. COVINGTON TAX WITHHELD	.		5A.			
B. CREDIT FOR OTHER CITY TA		EYCEED 1 5%)	В.			
C. ESTIMATE PAYMENTS	X WITHILLD (CANNOT	LACEED 1.5%)	C.			
D. TOTAL TAX CREDITS (ADD BO	OYA R C)			5D.		
6. IF BOX 4 IS GREATER THAN BOX 5D I	,	NOT LESS THAN \$4	5.00)	6.		
7. IF BOX 5D IS GREATER THAN BOX 4	`		,			
AMOUNT TO BE: REFUNDED		•	•			
8. PENALTY A				8.		
9. BALANCE DUE (ADD BOX 6 AND 8)			_	9.		
	RATION OF	ESTIMATE	D TAX FOR	RYEAR		
10. TOTAL ESTIMATED TAX FOR				10.		
11. LESS CREDITS (INCLUDING PRIOR YE	,	7)	11.			
12. NET TAXES OWED	EAR CREDIT FROM LINE	. 7)		12.		
13. AMOUNT PAID WITH THIS DECLARATI	ON (1/4 OF BOY 12)			13.		
14. TOTAL DUE (ADD BOXES 9 AND 13)	ON (1/4 OF BOX 12)			L		
,			I	14.		
I certify I have examined this return including accomp knowledge and belief it is true, and correct. If this return		□ W-2	FOR OFFICE USE	ONLY		
your practitioner directly with questions regarding the	S 🗖 NO	1099				
			☐ 2106 ☐ 2011 A	□ AUDIT		
Your Signature	Date		SCH A SCH C	☐ LETTER		
	Suic		☐ SCH E			
Spouse's signature (if filing jointly). (BOTH must	sign even if only one had incom	e.)	SCH F			
			OTHER:			

Signature & address of preparer (if other than taxpayer)

WORKSHEET A - OTHER INCOME

(From Schedules and Attachments)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule	Net Taxable Loss From Fed. Schedule
Proprietorship Income (Schedule C)			
Rental Income (Schedule E)			
Partnership Income (Schedule E/K - 1)			
Farm Income (Schedule F)			
Other Income			
GAINS LESS LOSSES			To Worksheet C

*Note - 1/2 SE deduction & medical insurance is not allowed.

An individual who operates two or more sole proprietorships, rentals, farms, or reportable partnerships may offset them against each other to arrive at a total reportable net profit.

Partnerships are reportable on this return only when the partnership is located outside Covington and is not reportable to another municipality that has a tax.

	WORKSHEET B - ADJUSTMENTS TO INCOME					
	EMPLOYEE BUSINESS EXPENSE \$ (to World	ksheet C)				
	Employee business expense deduction (Form 2106) is limited to the amount deducted for Federal purposes, from Schedule A after 2% AGI. Other miscellaneous expenses are not deductible - Both Schedule A and Form 2106 must be attached.					
	OTHER ADJUSTMENTS \$(to Wo	orksheet C)				
	Must fully explain, plus support with documentation and calculations. Proration of income results in proration of credit. Part-year residents must attach pay stub or employer statement showing year-to-date gross wages as of date of move.					
WORKSHEET C - NET INCOME/ADJUSTMENT						
	TOTAL FROM WORKSHEET A	\$				
	EMPLOYEE BUSINESS EXPENSE	\$				
	OTHER ADJUSTMENTS	\$				
	NET INCOME/ADJUSTMENT	\$				
		(to Part B. Line 2)				

QUESTIONNAIRE

Do you own rental properties? If "Yes", please complete the following:	YES		NO	
ADDRESS OF PROPERTY				DATE PLACED INTO SERVICE
2. Do you have Sole Proprietorship Income?	YES		J NO	
If "Yes", please complete the following:				
Business Name				
Type of business:				
Date business began:	Lo	cation	n:	
Number of employees:	Av	erage	quarterly p	payroll: \$

INSTRUCTIONS FOR COMPLETING YOUR COVINGTON TAX RETURN

(Please print tax year on your return)

- **HEADING -** Print your name, address, and Social Security number plainly or make needed corrections if already printed. If you have moved, indicate date of move, present address and old address.
- **SECTION A -** If you have reviewed the taxable/non-taxable income listings and your only source of income is non-taxable, or if any of the exemptions apply and you have no taxable or reportable income complete Sections A and C only. If you have taxable income, you must complete section B.
- SECTION B List each W-2 and 1099-misc. separately. Remember to list gross wages before any deductions less section 125 cafeteria plans. Attach a separate sheet if necessary. For each W-2, enter the employer's name, the city where work was actually performed, the amount of Covington tax withheld, credit for other city tax withheld (see instructions for line 5B below.) Attach all W-2's and 1099-misc. forms (Photocopies acceptable).
 - **Line 1 -** Add the totals in each column and enter in the appropriate boxes.
 - Line 2 Enter the total of all other income, from reverse of tax form (worksheet). All schedules must be attached.
 - Line 3 Add lines 1 and 2. This is the amount of income subject to tax.
 - Line 4 Multiply the amount of line 3 by 1.5% (.015).
 - Line 5 Credits
 - **5A** Enter total Covington tax withheld.
 - **5B** Enter a credit for the total taxes you paid to other cities on the income you have reported on this return. DO NOT ENTER THE ACTUAL AMOUNT OF TAX YOU PAID. You must calculate your credit by using the following steps:
 - STEP 1 If all your income was earned in a city with a tax rate of less than 1.5% or equal to 1.5%, your credit is the amount of tax that was withheld (provided the amount withheld was correct).
 - STEP 2 If all your income was earned in a city with a tax rate that is greater than 1.5% (Troy, Piqua, etc.) determine what portion of your total W-2 wages had tax withheld at the greater rate. Then multiply that part of your W-2 wages by 1.5% to find your credit. This step must be completed for each W-2. Please note that for both steps 1 and 2, if income has been pro-rated, credits must also be pro-rated.
 - **5C** Total estimated tax payments that you paid.
 - 5D Add 5A through 5C.
 - **Line 6 -** Subtract line 4 from line 5D. If line 4 is greater than line 5D, you have a balance due. Payment in full is due by April 15, ().
 - **Line 7 -** If line 5D is greater than line 4, you have an overpayment of tax. Indicate whether or not you prefer to credit this to next year, or have this overpayment refunded. Allow 90 days for the processing of the refund requested.
 - **Line 8 -** Late payment and/or late filing will result in the assessment of penalty and interest charges. Contact our office for appropriate rates.
 - Line 9 Balance due. Line 6 plus line 8.
 - **Line 10 -** Total estimated tax due for (_____) (1.5% x income).
 - Line 11 Less credits for estimated tax withheld by employers, and prior year credit carried forward.
 - Line 12 Net tax due (line 10 minus line 11).
 - Line 13 First guarter estimated tax due (1/4 of line 12).
 - Line 14 TOTAL DUE line 9 plus line 13 Payment in full is due by April 15, (_____).

SECTION C - Sign and date.

ALL individual tax returns are due on or before April 15. An extension form must be filed with the village if the return cannot be filed by April 15.

A \$25.00 penalty will be assessed for filing a late return without the proper extension being filed.

For your convenience...

The staff of the Covington Income Tax Department will complete your city tax return for you *at no charge*. Bring your W-2's, Federal return and/or appropriate schedules and forms to the Tax Department, located in the Municipal Building, 1 S. High Street, Covington.

This service is available: Jan. thru April

Tues. 9 am to 1 pm 2 pm to 4 pm Thurs. 9 am to 1 pm Sat. 9 am to 11:30 am

Appointment only: Tues. eve.

May thru Dec. Tuesday & Thursday 9 am to 1 pm 2 pm to 4 pm